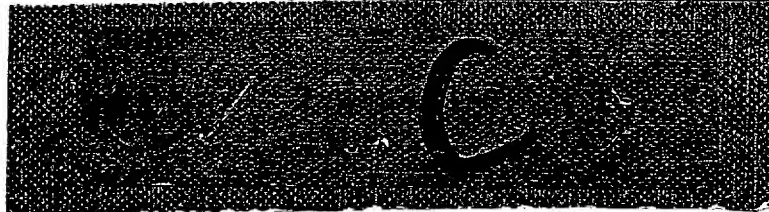


09/264775  
03/09/99

504	127	Subclass	ISSUE CLASSIFICATION
Class			



PATENT NUMBER
<b>6239072</b>
6239072

# U.S. UTILITY PATENT APPLICATION

3	O.I.P.E. <i>JA</i>	PATENT DATE
SCANNED <i>let</i>	Q.A. <i>dw</i>	MAY 29 2001

SECTOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
	504	127	1616	Clardy

FILED WITH: ☐ DISK (CRF) ☐ FICHE  
(Attached in pocket on right inside flap)

## PREPARED AND APPROVED FOR ISSUE

## ISSUING CLASSIFICATION

ORIGINAL		CROSS REFERENCE(S)					
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
504	127	504	128				
INTERNATIONAL CLASSIFICATION							
401N	35/06						
401N	43/40						
401N	43/54						
401N	43/76						
401N	57/02						

☐ Continued on Issue Slip Inside File Jacket

<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b>			<b>CLAIMS ALLOWED</b>	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
	1	1	1	21	1
<input type="checkbox"/> a) The term of this patent subsequent to _____ (date) has been disclaimed.	<b>S. MARK CLARDY</b> <b>PATENT EXAMINER</b> <b>GROUP 1616</b> <i>S. Mark Clardy</i> 9/22/2000 (Primary Examiner) (Date)			<b>NOTICE OF ALLOWANCE MAILED</b>	
				9/26/00	
<input type="checkbox"/> b) The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. _____	<b>ISSUE FEE</b> Amount Due: 1210.00 Date Paid: 10-20-00				
<input type="checkbox"/> c) The terminal _____ months of this patent have been disclaimed.	<b>ISSUE BATCH NUMBER</b> 571				

### WARNING:

The information disclosed herein may be restricted. Unauthorized disclosure may be prohibited by the United States Code Title 35, Sections 122, 181 and 368. Possession outside the U.S. Patent & Trademark Office is restricted to authorized employees and contractors only.

PTO-436A  
ev. 6/98

ISSUE FEE IN FILE

(LABEL AREA)

SE

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>BT</i>		
O.I.P.E. CLASSIFIER		<i>71413</i>	<i>7-25-97</i>
FORMALITY REVIEW	<i>BT</i>	<i>71423</i>	<i>5-31-97</i>

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
—	(Through numeral) Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Final	Original	Date
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21	23	✓	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

# PATENT APPLICATION



09264775

Jc511 U.S. PTO

09/264775



03/09/99

MAP 215 99351

INITIALS \_\_\_\_\_

## CONTENTS

Date received  
(Incl. C. of M.)  
or  
Date Mailed

Date received  
(incl. C. of M.)  
or  
Date Mailed

1. Application \_\_\_\_\_ papers.

2. NO REC & FEE

3-31-99

3. MPR

6-2-99

4. IDS

6-2-99

5. Re: 3

6-5-00

6. Amended

9-1-00

7. Supp. IDS

9-1-00

8. Notice of Allowance

9-26-00

9. Drawings

9-16-01

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# PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

09/26477

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	23 minus 20 = *	3
INDEPENDENT CLAIMS	3 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE ☐

OR

OTHER THAN  
SMALL ENTITY

RATE	FEE
	380.00
X\$ 9=	
X39=	
+130=	
TOTAL	

OR

OR

OR

OR

OR

OR

RATE	FEE
	760.00
X\$18=	54.00
X78=	
+260=	
TOTAL	814.00

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

OR

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

OR

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

OR

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

<b>SERIAL NUMBER</b> 09/264,775	<b>FILING DATE</b> 03/09/99	<b>CLASS</b> 504	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> MOBT:174
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APPLICANT

JERRY L. FLINT, CHESTERFIELD, MO; NORMAN J. PROBST, CHESTERFIELD, MO;  
 NAGABHUSHANA G. GUBBIGA, HAZELWOOD, MO.

\*\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
 VERIFIED PROVISIONAL APPLICATION NO. 60/077,241 03/09/98  
*[Signature]*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
 VERIFIED  
*[Signature]*

\*\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
 VERIFIED  
*[Signature]*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 03/30/99

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MO	SHEETS DRAWING 1	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
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ADDRESS

ARNOLD WHITE AND DURKEE  
 VIKKI MERIWEATHER PARALEGAL  
 750 BERING DRIVE  
 HOUSTON TX 77057-2198

TITLE

TANK MIXTURES AND PREMIXTURES FOR WEED CONTROL PROGRAMS THAT INCLUDE  
 POSTMERGENCE APPLICATIONS OF GLYPHOSATE PLUS GRAMINICIDES IN  
 GLYPHOSATE TOLERANT SOYBEANS

<b>FILING FEE RECEIVED</b>  \$944	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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